

MS AF  
REPLY UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP

AMENDMENT TRANSMITTAL LETTER

Docket No.  
5000-0110PUS1

Application No.  
10/519,214-Conf. #7324

Filing Date  
December 27, 2004

Examiner  
S. N. Qazi

Art Unit  
1616

Applicant(s): Eberhard AMMERMANN et al.

Invention: FUNGICIDAL MIXTURES BASED ON THE DITHIANON

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	7	- 20 =	0	x 50.00	0.00
Independent Claims	1	- 3 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					450.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					450.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. 02-2448 in the amount of \$ 450.00  
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ \_\_\_\_\_ is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 02-2448  
as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

  
Craig A. McRobbie  
Attorney Reg. No.: 42,874

Dated: September 18, 2007

BIRCH, STEWART, KOLASCH & BIRCH, LLP  
8110 Gatehouse Road  
Suite 100 East  
P.O. Box 747  
Falls Church, Virginia 22040-0747  
(703) 205-8000

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		<b>Complete if Known</b>	
		Application Number	10/519,214-Cont. #7324
		Filing Date	December 27, 2004
		First Named Inventor	Eberhard AMMERMANN
		Examiner Name	S. N. Qazi
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1616
<b>TOTAL AMOUNT OF PAYMENT</b> <b>(S)</b> <b>450.00</b>		Attorney Docket No.	5000-0110PUS1

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number		02-2448
Deposit Account Name: Birch, Stewart, Kolasch & Birch,				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
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30 25

Each independent claim over 3 (including Reissues)

300 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
9	- 40 = 0	x 50.00	= 0.00		
HP = highest number of total claims paid for, if greater than 20.					

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
1	- 3 = 0	x 200.00	= 0.00		
HP = highest number of independent claims paid for, if greater than 3.					

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	750 =	(round up to a whole number) x		=

**4. OTHER FEES**

Non-English Specification: \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month

450.00

SUBMITTED BY					
Signature		Registration No. (Attorney/Agent)	42,874	Telephone	(703) 205-8000
Name (Print/Type)	Craig A. McRobbie		Date	September 18, 2007	